1. Enrollment Update

Enrollment numbers from 10/24/2017

Total: 6,422

Direct ADAP: 2,001

MPAP: 578 ICAP: 584

HIMAP: 3,259 (1,757 need to change carriers for 2018.)

2. Open Enrollment Period, November 1, 2017-December 15, 2017 Updates

The Virginia Department of Health (VDH) had access to preliminary plan information. All pertinent open enrollment information can be found on the AIDS Drug Assistance Program (ADAP) website (http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/affordable-care-act-2016/).

- -Cigna is a new carrier for VDH offerings in 2018. They were new to the Virginia Marketplace in 2017.
- -Aetna, Innovation Health and United Healthcare are not an offering in Virginia's Marketplace for 2018.
- Four areas of the state are impacted by having a single Affordable Care Act (ACA) Marketplace health insurance carrier that has limited or eliminated access to Ryan White funded HIV medical care providers through or in its network. Clients should still sign up for that plan if it is their only choice to continue to access medications through health insurance.
- -VDH is planning to use a hybrid approach (combination of insurance product to access medications and Ryan White HIV/AIDS Part B (RWHAP B) funds (RWHAP A, C, and D funds can also be used) to pay **for outpatient ambulatory health services and labs related to HIV care**). VDH is able to use this approach to provide gap coverage for low-income clients who are considered underinsured, but clients must still enroll in a plan for medication coverage. HRSA is supportive of this approach.
 - o The hybrid approach will only be used in the areas (4 that we know of right now) that have limited or no RWHAP B medical care providers in their network
 - o For medications: if VDH/Ramsell communicates that people need to go to retail pharmacies instead of using mail order, that is the only way we can assure VDH that ADAP can cover the cost of the medication.
 - For medical visits and labs: If RWHAP B medical providers are not in the carrier's network,
 VDH is establishing clear and objective criteria that will help clients and providers know when/how to invoice RWHAP B for these services.
 - Examples of the criteria include:
 - Client's drive/travel time
 - Distance traveled for appointments
 - Whether there are other HIV care providers in the region who can accept new clients
 - Wait time for appointments with new provider
 - VDH is planning to explore establishing competitive rates for non-facility outpatient medical visits and labs using 2018 Medicare rates, but is open to rate negotiation with each medical provider site if information needed can be provided. Diane Allen and Renate Nnoko on the HIV Care Services (HCS) team are co-leading this rate review and negotiation. These rates will be established before January 1, 2018.

- VDH is open to how provider sites can bill for these HIV-related services with either a
 direct contract with VDH or partnerships between RWHAP B subrecipients who may
 already be reimbursing sites for visit and lab co-pays.
 - If the provider sites choose direct billing and they don't currently have a contract with VDH, one must be executed on both sides prior to January 1, and a renewal on April 1 since the RW grant year runs from April 1- March 31 of each year.
 - If medical providers choose to partner with RWHAP B subrecipients who already have a contract with VDH, HIV Services Coordinators will assure they have contract modification prior to January 1 and adequate funding in renewals on April 1.
 - VDH will work with each of the provider sites affected and make sure they know the criteria, billing rates, and how to invoice. All of the HIV Service Coordinators will be able to help their providers understand and navigate the process.
- **3.** VDH has contracted with an outside agency, Benalytics, to assist with enrolling clients. Clients will be contacted by Benalytics to enroll in a 2018 insurance plan and clients may reach out to them if there are any questions 1-855-483-4647.
- **4.** Information needed to pay a premium/Premium Payment Processes

 The checklist of needed information has been updated. In order for VDH to pay the client's monthly premium, VDH must receive the following information: Name of Insurance Carrier, Name of Insurance Plan, Insurance Plan Member ID, Premium Amount, Effective Date of Insurance Coverage and the Maximum out of Pocket (MOOP) expense. Please ensure the entire checklist is complete including the client's address, phone number and SS#.

If an e2Virginia (e2VA) user, you are required to submit this information through the ACA enrollment module in e2VA. If not please complete a hard copy of the checklist and fax to 804-864-8050. If information is submitted through e2VA, do not submit by fax or mail, duplicates not needed.

- a. As in previous years, VDH will make the first premium payment based on the enrollment checklist received. We do still request that a bill is sent to have on file for the client.
- b. If there are past due premiums owed, VDH can cover these payments. If documentation of past due premium is available, please provide but VDH will still make the payment if not provided.

5. Tracking Log

VDH will be using the same tracking tool as previous years to track ADAP enrollment information and to provide ADAP with the required information for premium payment (see attached log). We request that all enrollment specialists faxing hard copy ACA checklists, fax their tracking log each week to ADAP at 804-864-8050. RW Contractors should send to their services coordinators who will forward to ADAP.

Additional comments:

- Please direct clients back to the Marketplace to verify information and update income, even if they are choosing to re-enroll in the same plan, especially if that client is receiving tax credits.
- Please ensure follow up is done when the Marketplace requests additional information from clients. VDH saw multiple clients removed during the coverage year due to not sending in additional information to the Marketplace.